COMMONWEALTH OF KENTUCKY

REQUEST TO INSPECT PUBLIC RECORDS RE KRS CH. 61

REQUEST

	Date		
To: Public Service Commiss	sion of Kentucky		
	Name of State Agend	су	
I request to inspect the follow	wing document(s):	(Provide <u>Case Number,</u> if Application	ble)
Number of copies of each page re	equested @ \$0.10 a page:	Total # Copies @ \$0.10 each Total	l Due
Enclosed \$	Check M	oney Order Cash Bil	
	Cignoture		
	Signature		
COMPLETION OF	Printed Name		
ALL INFORMATION	Timod Hamo		
ALL IN OKMATION	Company/Firm Name (if applic	cable)	
AT THE RIGHT IS			
	Address		
<u>REQUIRED</u> FOR	0'' 0' ' 7' 0 '		
D 0 0 DE00DD0	City, State, Zip Code		
P.S.C. RECORDS	Phone Number		
Staff Member Fulfilling Request		_	

